



REC 15-318

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

NH-PUC 20AUG15*1:38

August 17, 2015

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Eric Mailloux system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506 (including new requirements 2506.01 and PUC 2506.02)

Customer and Facility Information

Eric Mailloux
54 Bald Hill Rd
Raymond, NH 03077
603.231.7694
ejm413@gmail.com

The new Nepool GIS ID # for this facility is: NON52943. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to
executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I ☐ Class II ☒ Check here ☒ if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Eric Mailloux Email Ejm413@gmail.com

Address 54 Bald Hill Rd City Raymond State NH Zip 03077

Telephone 603.231.7694 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____

Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

| equipment | quantity | Type | equipment | quantity | Type |
|-----------|----------|-------------------------|-----------|----------|------|
| PV panels | 54 | SunEdison F270 | other | | |
| Inverter | 54 | Enphase M215 | other | | |
| meter | 1 | AEE Solar CL200 204V 3W | other | | |

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 11.61 AC

What was the initial date of operation (the date your utility approved the facility)? 6/22/15

- Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer

Name SunRay Solar, LLC Contact Michael Fay License # (if applicable) n/a

Address 124A Hall St. City Concord State: NH Zip 03301

Telephone 603.225.6001 email michael@spreadthesunshine.com

If the equipment was installed directly by the customer, please check here: ☐

- Provide the name and contact information of the equipment vendor.

☐ X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ email _____

- If an independent electrician was used, please provide the following information. (*Sunray corporate electrician*)

Electrician's Name Brian Pare License # 12245M

Business Name SunRay Solar, LLC Email brian@spreadthesunshine.com

Address 124A Hall St City Concord State NH Zip 03301

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Paul Button, Energy Audits Unlimited

Is the facility certified under another state's renewable portfolio standard? yes ☐ no ☒

If "yes", then provide proof of the certification as **Attachment C**.

- **Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.**
- **In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:**

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON52943 Asset ID # NON52943

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. (SEE ATTACHED)

Applicant's Signature  Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

Notary Public/Justice of the Peace

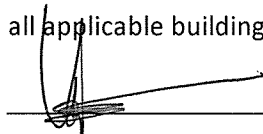
My Commission Expires _____

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature




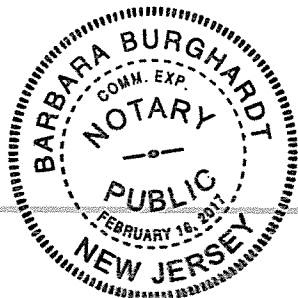
Date 6/12/15

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 12 Day of June (month) in the year 2015

County of Morris

State of New Jersey



Notary Public/Justice of the Peace

My Commission Expires

2/16/17

- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

| CHECK LIST: The following has been included to complete the application: | YES |
|---|-----|
| • All contact information has been provided. | X |
| • A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> . | x |
| • Documentation of the distribution utility's approval of the installation.* | x |
| • If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. | |
| • A signed and notarized attestation. | x |
| • A GIS number obtained from the GIS Administrator. | x |
| • The document has been printed and notarized. | x |
| • The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC. | x |
| • An electronic version of the completed application has been sent to executive.director@puc.nh.gov . | x |
| *Usually included in the interconnection agreement. | |

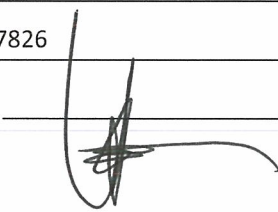
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here ☐ and skip this section.

PREPARER'S INFORMATION

Preparer's Name Linda Modica Email address: linda@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 908.879.7826 Cell

Preparer's Signature: 



NEW HAMPSHIRE ELECTRIC CO-OP
INTERCONNECTION APPLICATION-RENEWABLE GENERATION UP TO 1000 KW

PURSUANT TO NEW HAMPSHIRE ADMINISTRATIVE RULE PUC 900, APPLICANT HEREBY
GIVES NOTICE OF INTENT TO INSTALL AND OPERATE A GENERATING FACILITY.

Section 1. Applicant Information

Name: Paul E. Mallon X
Mail Address: 54 bald hill road
City: Raymond State: NH Zip Code: 03077
Facility Location (if different from above): _____
Daytime Phone #: 603-231-7694
Distribution Utility: New Hampshire Electric Cooperative, Inc. Account #: [REDACTED]
Electricity Supplier (ES) _____ Account #: _____

Section 2. Generating Facility Information

Generator Type (check one): Solar ☒ Wind _____ Hydro _____
Generator Manufacturer, Model Name & Number: SunEdison Silvantis F-Series, F270W
Number of Phases of Unit: Single, Three or Other: Single Phase
Generation output rating in AC & DC Kilowatts: 54 F270 Panels 14.58Kw DC, 54 M215 Inverters 11.61kW AC
Inverter Manufacturer, Model Name & Number: Enphase M215
Battery backup? ☐ Yes ☒ No
Will a generator Disconnect Switch accessible to the utility be installed? ☒ Yes ☐ No
Proposed location of Disconnect Switch, if applicable: outside next to existing meter

Section 3. Installation Information & Certification

1. Installer ☐ Check if owner-installed
Installation Date: June 2015
Installing Electrician: SunRay Solar, LLC
State of NH License #: 12245M
Mail Address: 124A Hall St
City: Concord
State: NH Zip Code: 03301
Daytime Phone #: 603-225-6001

Section 3. Installation Information & Certification continued

2. The system hardware is listed to Underwriters Laboratories standards to be in compliance with UL 1741 and IEEE 929-2000:

Signed (Vendor/Supplier): Michael Fay

Name (printed): Michael Fay Date: May 28, 2015

Company: SunRay Solar, LLC

Company Address: 124A Hall Street, Concord, NH 03301

3. The system has been installed in compliance with the local Building/Electrical Code of

(City/County) Raymond Roukingham

Signed (Electrician or Town Inspector): Paul Hammond Insp

Print Name: Paul Hammond Date: 6-12-15

In lieu of signature by inspector, a copy of final inspection certificate may be attached.

4. The initial start-up test required by PUC 905.04 has been successfully completed by the electrician.

Completed on 6-12-15 Witnessed By BjL Bissler

5. Utility signature to signify only receipt of this form, in compliance with the Commission's net metering rules PUC 900.

Signed (NHEC): [Signature]

Print Name: Scott Maren Date: 6.22.15

Signed (Electricity Supplier Representative): _____

Date: _____

6. Interconnection Date: 6.22.15

Applicant agrees to install and operate the system in accordance with PUC 900.

I hereby certify that, to the best of my knowledge, all of the information provided in this Application is true and correct.

Signature of Applicant: [Signature] Date: 5-26-15

THE ELIGIBLE CUSTOMER-GENERATOR SHALL PROVIDE NEW HAMPSHIRE ELECTRIC CO- OP WITH A WRITTEN UPDATE OF THE INFORMATION ON THIS FORM AS ANY CHANGES OCCUR.